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ABSTRACT

This study examined 60 children from the first, fourth and seventh grades to discover their beliefs concerning alcohol. A vignette procedure method was used to assess the development of children's knowledge of adult drinking motives and beliefs about the causes of adolescent drinking. Children's expectations about the interpersonal consequences of an adolescent's refusal to drink were also gauged. Findings showed that although there is a general tendency for children to expect negative effects to occur when adults or adolescents drink, this tendency drops progressively from first through fourth to seventh grade. Findings also showed that children in all grades expect parents to be upset when a child consumes alcohol and friends to react negatively when an adolescent friend refuses to consume alcohol. (SH)

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CHILDREN'S BELIEFS ABOUT ADULT AND ADOLESCENT DRINKING

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Paper presented at Society for Research on Child Development

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My wife, Helen, and I began our research on children's alcohol-related beliefs about three years ago. I had been studying adult cognitions, especially alcohol expectancies, in different ethnic groups for many years and had long been interested in exploring the development of these and other types of beliefs about alcohol. I didn't pursue this interest, however, because I had little background in developmental psychology and the research issues involved in studying children. Helen is a developmental psychologist and I had tried to convince her to collaborate for some time, but she resisted for various reasons. When she finally agreed to conduct some pilot work with me on children's beliefs, I thought (because of my ignorance about developmental research) that a good first step might be to ask children of varying ages 6, 8, and 10 for example what they thought about alcohol, and whether it was a drug, and if it was addictive, etc. She told me, too kindly I fear, that it was not a good approach since we were not likely to get any meaningful answers especially from the younger children. But I persisted and in the true spirit of collaborative research, she agreed to my plan. Of course, she had been completely correct and the answers we got (when we got them, for often the children just looked blankly and said nothing in response) were not at all informative. I had learned an important lesson, however, which is that it helps to know something about the nature of children's responsiveness or lack thereof in order to develop appropriate methods for determining what they truly know and don't know about

alcohol or any other topic. Having learned this lesson, we then examined children's alcohol-related beliefs with more meaningful and sensitive research tools.

Our approach to the topic has been wholly exploratory since we didn't have any preconceived ideas regarding what children would know about drinking or when they would know it. Alcohol researchers such as Gaines and Brooks and Miller and Goldman have recently initiated studies to examine children's beliefs about alcohol and its effects on behavior. We have been quite impressed with both groups and their efforts in this regard. We have also been influenced to some degree by their methods. One goal of the work on children's alcohol-related beliefs has been to assess the development of children's knowledge of adult drinking motives. To do this, children of varying ages have been presented with vignettes describing adult alcohol consumption in specific situations (After winning a car, before going to a party where the adult know no one). They are then asked to explain why the adult drank. This research has found clear developmental increases in the clarity and coherence of children's descriptions of adult drinking motives. Older children appear better able to understand the social and personal variables which influence adult drinking. For example, while young children appear to have little understanding of why an adult would drink in an unfamiliar and potentially uncomfortable social situation, older children and adolescents understand that adults use alcohol to counter or relieve social anxiety.

While this line of research has focused primarily on assessing the motives children invoke to explain adult drinking, the procedure could also be employed to assess children's expectancies about the effects of drinking. When children are asked to explain adult drinking in particular situations, their answers reveal not only their view of drinking motives - what causes people to drink -, but also their view of alcohol effects - what alcohol does to or for the drinker. When a child says that an adult drank because he or she was feeling nervous, for example, the response implies an expected outcome (reduced nervousness) at the same time as it reveals an attributed motive (feeling nervous). In line with this, the present research employed the Gaines' et. al. methodology to examine when and how children come to associate adult drinking with different types of reinforcement expectancies.

An important advantage of the vignette procedure over the presentation of preestablished drinking effects is that it presents drinking in association with a set of circumstances before asking children to explain the drinking. By embedding adult drinking in a range of circumstances, some physical and some psychological, this procedure is better able to specify what children know about drinking and to determine when they come to know it. In this way the procedure can ascertain what specific knowledge children possess about the circumstances that influence adult drinking and whether they expect alcohol to produce different effects in different circumstances.

A disadvantage of this procedure is that even though motive attributions can provide information about children's alcohol expectancies, they do so indirectly in association with particular motivational attributions. Fortunately, the vignette procedure can also provide a simple and direct assessment of children's alcohol expectancies. By asking children how the drinking affected the adult, it can easily provide a second type of expectancy date. This data provides a reliability check on motive-related reinforcement expectancies at the same time as it reveals whether children believe that the goals which motivate adults to drink are actually achieved.

While it may seem self-evident that expectancies derived from motive attributions and those derived from effects judgements will be the same, there are reasons to doubt this. For example, in the world of adult drinking the effects of alcohol consumption are not always consistent with the motives that produced the behavior. An adult may drink for social reasons but end up acting in an antisocial fashion. To the extent children are aware of such inconsistencies, their attribution-derived expectancies and their effects-derived expectancies could be different. In addition, school-based alcohol education programs highlight the negative effects of drinking without discussing the circumstantial contingencies which often influence people's responses to drinking. In this way, children are presented with simple pronouncements that drinking will make you sick or that drinking disinhibits

behavior. At the same time, the alcohol-related behaviors children observe in their families or on television may present a far more complex picture of drinking and its effects. How these two sets of seemingly inconsistent information become reconciled as a coordinated set beliefs about alcohol and its effects is not known.

Finally, the present research sought both to expand the range of motive attributions to include children's beliefs about the cause of adolescent drinking and to determine children's expectancies regarding the interpersonal consequences of an adolescent's refusal to drink. Adolescent drinking attributions may differ from adult attributions to the extent children understand the different circumstances and constraints associated with each group's drinking patterns and practices. At the same time, since a child's beliefs regarding adolescent drinking motivations are probably more proximal to a child's beliefs about the possible reasons which might lead them to first use alcohol, it seemed particularly relevant to explore them. In addition, since we were interested in exploring the full range of children's beliefs about drinking decisions and their consequences, it was also important to examine children's beliefs about the social implications of refusing to drink especially when alcohol is offered by a friend in the presence of others where initial experience with alcohol often occur.

Individual interviews were conducted with sixty children, thirty males and thirty females. Respondents came equally from

the first, fourth, and seventh grades in a Catholic school in Brooklyn, New York. Sixty-two percent of the respondents were Afro-American, twenty-three percent were Hispanic, and the remaining fifteen percent were Anglo.

Subjects were randomly selected from classroom rosters and individually interviewed. All subjects were asked to respond to a series of vignettes describing situation which involved alcohol consumption. Three of the vignettes were previously used by Gaines, Brooks, Maisto, Dietrich, and Shagena (1990). Two additional vignettes focusing on adolescent drinking were developed for this study. Two endings were prepared for each adolescent vignette, one in which the lead drank the alcohol offered and one in which the lead refused to drink. Each subject was presented with one adolescent vignette describing an adolescent drinking and one describing an adolescent refusing to drink. After being presented with each vignette, subjects were asked to explain why the subject had consumed alcohol or why the adolescent had refused. Subjects were also asked how the lead felt after consuming the alcohol. Finally, with the adolescent vignettes, subjects were asked how the lead's friends responded when they drank or refused to drink the alcohol. Male and female leads were randomly assigned to the vignettes and the order of vignette presentation was counterbalanced. The vignettes are presented in Table 1.

Insert Table 1 about here

Explanations of drinking motives for each vignette were recorded and subsequently coded as expressing either positive reinforcement expectancies (drinking to have fun, to party or enjoy, to celebrate), negative reinforcement expectancies (drinking to reduce peer pressure, social anxiety, or feelings of distress), or other (don't know, drinking because he/she's crazy, drinking to fight, etc.). Expected effects of the drinking were coded as either positive effect (feeling better, happy, relaxed), negative effect (sick, dizzy, angry), or other (don't know, different, etc.). Expected friends' reactions to drinking or refusing to drink were coded as either positive (happy, proud), negative (rejects, makes fun of, ignores) or other (don't know).

By summing the number of reinforcement expectancies used to explain the drinking of the three adults and one adolescent, overall reinforcement scores were computed for each subject. Scores ranged from 0 to 4. By looking only at whether each expectancy was positive or negative, we also derived positive and negative reinforcement scores which also ranged from 0 to 4. Scores are presented in Table 3.

Insert Table 2 about here

Analysis of the overall reinforcement scores revealed a significant increase between first and fourth grade supporting Miller and Goldman's previous work. Analyses of positive

reinforcement scores also yielded a significant grade effect ($F=3.27$, $df=2$ and 54, $p<.05$). However, in contract to the overall scores where no fourth vs. seventh grade difference was found, fourth graders expected more positive reinforcements than first graders ($t=8.15$, $df=38$, $p<.001$) and seventh graders ($t=4.35$, $df=38$, $p<.01$).

Analysis of variance of negative reinforcement scores yielded significant effects for both gender and grade. Females expected more negative reinforcement than males. At the same time, older children expected more negative reinforcement from drinking than younger children with fourth graders expecting more reinforcement than first graders and seventh graders more than fourth. This finding is noteworthy because it indicates, in contract to previous studies, a progressive increase in the number of reinforcement expectancies occurs between first to fourth and continues on from fourth to seventh grade.

Expectancies based on alcohol's anticipated effects. When children were asked how the adult or adolescent felt after drinking alcohol, their responses generally reflected negative expectancies. However, developmental differences were also present.

Insert Table 3 about here

This table clearly reveals that although there is a general tendency for children to expect negative effects to occur when

adults or adolescents drink, this tendency drops progressively from first through fourth to seventh grade. Older children are more likely than younger children to expect positives and less likely to expect negatives to result from drinking.

Let us now turn to the reactions children expected adolescents to receive from their parents and friends when they drank and from their friends when they refused.

Insert Table 4 about here

This table reveals that children in all grades expect parents to be upset when a child consumes alcohol. At the same time, children in all grades also expected friends to react negatively when an adolescent friend refuses to consume alcohol. Because these findings are so consistent across grade levels, they do not provide insight into the types of expected reactions that ultimately are associated with the initiation of adolescent alcohol consumption. In this regard, the expected reactions of friends to an adolescent's decision to drink is informative. Interestingly, older children were more likely to expect that an adolescents friends would react positively to drinking. In addition, males expected friends to react more positively than did females. (elaborate on possible significance of these two sets of findings and segue to conclusion--need for additional research expecially panel!!!!).

When we decided to develop a research program in the area of

children's alcohol-related beliefs, we conducted a literature search. One of the first things we learned was that little research had been done on the topic. This seemed quite strange to us given the large number or alcohol prevention and intervention programs which have been developed for children. These programs have been developed in the absence of any systematic research efforts to ascertain what children believe about alcohol and its effects. I guess the prople who have developed these programs either KNOW intuitively what children believe or they don't think its important to have this baseline information to develop effective programs. Unfortunately such programs though well meaning may affect children quite differently from the way intended by the person who developed the program. Let me give one brief illustration. In recent years a number of public service announcements have been presented on television to convince children to stay away from drugs. As part of our early pilot work, we were interested in finding out how children interpreted these messages. We found that most children, even first graders, understood that "just say no" means that you should not take drugs. In New York, however, a well-known clothing manufacturer has sponsored an extensive anti-drug campaign and many of its announcements are presented during televised sporting events. I had frequently seen Phil Rizzuto the New York Yankee announcer tell children to "just say yes to a life without drugs" and was interested in how children might interpret this double negative. Not surprisingly it turned out

that many young children believe that the phrase meant that it was alright to take drugs. The point is not that we shouldn't present public service announcements especially on TV during sporting events, but that when we do we should be informed as to how children will interpret the message.

Table 1

Vignettes

The Party:

Mr./Miss Brown has been invited to a neighbor's house to meet some people he/she does not know. Before leaving his/her house to meet the strangers he/she drinks three glasses of beer.

The Celebration:

While listening to the radio in his/her car, Mr./Miss Green hears the radio announce cheerfully report that Mr./Miss Green has won an expensive new car as a prize for listening to the station. Mr./Miss Green pulls over to a nearby bar and has three glasses of beer.

The Accident:

On the way home from work, Mr./Miss Smith's new car was hit and badly damaged, although he/she was unhurt. When he/she finally arrives home he/she drinks three glasses of beer.

Adolescent 1:

Billy/Sally is 13 and playing at the playground with some friends. One of the friends has a bag with a few cans of beer in it and offers some to the other children. Billy/Sally takes a can and drinks it (Billy/Sally refuses the beer).

Adolescent 2:

Bobby/Sue is 14 and at a party with some friends. Everyone is drinking beer and someone offers Bobby/Sue a beer to drink and he/she drinks it (refuses to drink it).

Table 2

Motive-Dreived Reinforcement Means

Grade	Overall**	Positive*	Negative*
First	1.30	.85	.45
Fourth	3.30	1.60	1.70
Seventh	3.15	1.20	1.95

** $p<.01$

* $p<.05$

Table 3

Effects Expected From Drinking

Grade (N=20)	Positive	Negative*	Resultant*
First	.10	-3.60	-3.55
Fourth	.70	-2.95	-2.25
Seventh	1.10	-2.65	1.85

* $p<.05$

Table 4

EXPECTED REACTIONS OF PARENTS AND FRIENDS TO DRINKING

(percent approving)

	Parents	Friends
First	0	35
Fourth	0	65
Seventh	0	85

EXPECTED REACTIONS OF FRIENDS TO DRINKING REFUSAL

(percent approving/supporting decision)

First	10
Fourth	10
Seventh	0